

Appl. No. : 10/674,553
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AMENDMENTS TO THE CLAIMS

1. (Previously presented) A method of preventing passage of embolic material from a left atrial appendage of a patient, comprising:

providing a deployment catheter having an elongate flexible body with a proximal end and a distal end, and an implantable device removably carried by the distal end, said device comprising a barrier, said device radially expandable from a reduced diameter to an enlarged diameter and configured to conform to an inside surface of the left atrial appendage;

positioning at least a portion of the device in the left atrial appendage; and

enlarging the device within the left atrial appendage, wherein said barrier extends across the left atrial appendage when enlarged and so that at least a portion of the device is in substantial sealing contact with the inside surface of the left atrial appendage.

2. (Original) The method of Claim 1, wherein the device self-expands to its enlarged shape.

3. (Original) The method of Claim 1, wherein the device includes an expandable frame.

4. (Original) The method of Claim 3, wherein the device includes a mesh barrier operably connected to the expandable frame.

5. (Original) The method of Claim 1, further comprising releasing the device from the deployment catheter after the device is enlarged within the left atrial appendage.

6.-37. (Canceled)

38. (Original) A method of preventing passage of embolic material from a left atrial appendage of a patient, comprising:

positioning a barrier adjacent an opening of the left atrial appendage; and

engaging at least one anchoring element with tissue within the left atrial appendage, the at least one anchoring element being operatively connected to the barrier to hold the barrier adjacent the opening and prevent passage of embolic material from the left atrial appendage.

39. (Original) The method of Claim 38, wherein the barrier is a mesh.

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40. (Original) The method of Claim 38, wherein the barrier is porous.
41. (Original) The method of Claim 40, wherein the barrier has a pore size of up to about 0.04 inches.
42. (Original) The method of Claim 40, wherein the barrier is made of ePTFE.
43. (Original) The method of Claim 38, wherein the barrier has generally a disc shape.
44. (Original) The method of Claim 38, wherein the barrier comprises an inflatable balloon.
45. (Original) The method of Claim 38, wherein the barrier is connected to an expandable frame.
46. (Previously presented) The method of Claim 38, wherein the at least one anchoring element extends at least partially transversely toward a distal end of the left atrial appendage.
47. (Previously presented) The method of Claim 38, wherein the at least one anchoring element engages tissue at the distal end of the left atrial appendage.
48. (Previously presented) The method of Claim 38, wherein a plurality of anchoring elements engage tissue along the side walls of the left atrial appendage.
49. (Original) The method of Claim 38, further comprising delivering the barrier to the left atrial appendage with a catheter.
50. (Previously presented) The method of Claim 1, wherein the device at least partially prevents passage of embolic material from the left atrial appendage by supporting tissue growth.
- 51.-54. (Canceled)
55. (Previously presented) The method of Claim 38, wherein the device at least partially prevents passage of embolic material from the left atrial appendage by supporting tissue growth.
56. (Currently amended) A method of preventing passage of embolic material from an atrial appendage of a patient, comprising positioning a device adjacent an opening of the atrial appendage to block the opening to the atrial appendage, wherein preventing passage of embolic material from the atrial appendage occurs substantially entirely as a result of said positioning, and

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engaging at least one anchoring element with tissue within the atrial appendage to hold the device in place.

57. (Previously presented) The method of Claim 56, wherein the device is delivered percutaneously.

58. (Previously presented) The method of Claim 56, wherein the device is positioned within the atrial appendage.

59. (Previously presented) The method of Claim 56, wherein the device comprises an expandable frame.

60. (Previously presented) The method of Claim 56, wherein the device comprises a membrane sized to block the opening.

61. (Previously presented) The method of Claim 60, wherein the membrane is porous.

62. (Canceled)

63. (Withdrawn) The method of Claim 56, wherein the device has generally a disc shape.

64. (Previously presented) The method of Claim 56, wherein the device at least partially blocks passage of embolic material from the atrial appendage by supporting tissue growth.

65. (Canceled)

66. (Previously presented) The method of Claim 56, comprising, prior to positioning said device:

delivering a trans-septal catheter into the right atrium;

advancing a distal tip of the trans-septal catheter through a desired portion of the septum and to the left atrial appendage, wherein the trans-septal catheter curves to direct the distal tip of the trans-septal catheter toward the left atrial appendage; and

delivering said device through the trans-septal catheter and deploying the device at the left atrial appendage, the device being configured to prevent passage of embolic material from the left atrial appendage.

67. (Previously presented) The method of Claim 66, further comprising delivering a delivery catheter through the trans-septal catheter to deliver said device.

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68. (Previously presented) The method of Claim 67, wherein a distal end of the delivery catheter is disposed within an opening of the left atrial appendage.

69. (Previously presented) The method of Claim 66, wherein the device is deployed by expanding said device.

70. (Previously presented) The method of Claim 66, further comprising applying an axial force to said device to deploy said device.

71. (Previously presented) The method of Claim 70, wherein the axial force is applied by a plunger slidably received within a delivery catheter, the delivery catheter extending through the trans-septal catheter to the left atrial appendage.

72.-84. (Canceled)

85. (Previously presented) A method of performing a procedure at an atrial appendage of a patient, comprising:

collapsing an implantable structure to a reduced configuration;

enlarging the implantable structure adjacent an opening of the atrial appendage;

and

placing at least a portion of the implantable structure in substantial sealing contact with a tissue surface adjacent the opening of the atrial appendage.

86. (Previously presented) The method of Claim 85, wherein the structure is collapsed into a catheter.

87. (Previously presented) The method of Claim 86, wherein the structure is collapsed into a catheter outside the body.

88. (Previously presented) The method of Claim 87, wherein the structure is enlarged after said collapsing.

89. (Previously presented) The method of Claim 85, wherein the structure is enlarged at least partially within the atrial appendage.

90. (Previously presented) The method of Claim 85, wherein the structure when enlarged prevents passage of embolic material from the atrial appendage.

91. (Previously presented) The method of Claim 85, wherein the implantable structure comprises a surface that induces tissue growth.

92.-119. (Canceled)